Form RC	FORM FOR A CAMPAIGN COMMITTEE OR USE BY CANDIDATE	Year of Election:  Date of this Registration:		Original Amendment
Committee (Full Name):		Candidate (Full Name):		
Committee Address:		Candidate Address:		
Telephone Number(s):	( )	Telephone Number(s):	( )	
Chairperson (Full Name):		Treasurer (Full Name):		
Chairperson Address:		Treasurer Address:		_
Give Name of Office Sou	ght: (include district, post, or judicial circuit)  County Municipal			
	_	Party Affiliation (Option Democrat	nal): Republican	Other or None
Name of Incumbent:				
For Office Use		SIGNATURE OF CANDIDATE REGISTERING COMMITTEE		

## MAIL TO:

STATE ETHICS COMMISSION 205 JESSE HILL JR DR, SE STE 478 - EAST TOWER ATLANTA, GEORGIA 30334